MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-d

CERTIFICATE OF DEATH

00695

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent

City or town Rural – near Fairlee
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Fairlee – Chestertown R R
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Margaret Frisby Cypress

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or ~~divorced~~
Female	White	Widowed

6.(b) Name of husband ~~or wife~~ Lewis C Cypress

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4-3-1859

8. AGE: Years	Months	Days	If less than one day
85	9	23	____ hrs. ____ min.

8. Birthplace Near Rock Hall, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Washington Beck
13. Birthplace Kent County

MOTHER
14. Maiden name Margaret Frisby Brown
15. Birthplace Kent County

18. Informant Mrs. Albert Graham-Daughter

Address Chestertown, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-28-45 (month) (day) (year)

Cemetery or crematory St Paul's Cemetery

Location Near Fairlee

18. Funeral director J. Wills Wells

Address Chestertown

19. Jan 26 1945 (Date rec'd by registrar) F. H. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1945, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1944, to Jan. 26 1945 and that I last saw her alive on Jan 26 1945

Immediate cause of death	DURATION
Acute Myocarditis	9 days
Due to Chronic Endocarditis	10 yrs
Due to	
Other condition Chronic Nephritis	3 yrs
Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W Smith M. D. or other

Address Chestertown Date signed Jan 26/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

00606

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Betterton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Betterton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Matilda Annes Clark

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: William T Clark

6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Sept 29 1873 or 74

8. AGE: Years: 70 Months: 3 Days: 9 If less than one day: hrs. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Joseph Hutchison

13. Birthplace: Baltimore Md

MOTHER

14. Maiden name: Anne Simpson

15. Birthplace: Baltimore Md

16. Informant: Elizabeth Clark Clendaniel

Address: Kennedyville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 11 1945 (month) (day) (year)

Cemetery or crematory: Cecilton

Location: Cecilton Md.

18. Funeral director: B K Fellows

Address: Still Pond, Md.

19. Jan 10 1945 (Date rec'd by registrar) J Millian Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 8 1945 at 1140 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30. 1944 to Jan 6 1945 and that I last saw h.. alive on Jan 6 1945

Immediate cause of death: Coronary Thrombosis

DURATION: Some days

Due to: Myocarditis

DURATION: Several yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? Not (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Jack Jones M D M. D. or other

Address: Betterton Md Date signed: Jan 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

00607

Reg. Dist. No. 212

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 107 Kent St
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Charles Henry Catton

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Married

6.(b) Name of husband or wife: Mary Anna Leighton

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): May 26 1878

8. AGE:

Years	Months	Days	If less than one day
66	7	10	...hrs. ...min.

9. Birthplace: Edesville Kent Co. Md
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Albert Catton
13. Birthplace: Maryland

MOTHER
14. Maiden name: Packett
15. Birthplace: Maryland

16. Informant: James Catton

Address: 107 Kent St Chestertown Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan 10 1945 (month) (day) (year)

Cemetery or crematory: Edesville cem

Location: Near Pork Hall, Md

18. Funeral director: Asbury Henry

Address: Chestertown, Md. R.F.D.

19. Jan. 8 1945 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6 1945 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943, to Jan 31 1945

and that I last saw h.m. alive on Jan. 3 1945

Immediate cause of death	DURATION
Cardiac Decompensation	1942
Due to: Arterio sclerosis	
Other conditions: Fractured Pelvis Bones	1941
Bedridden leg	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: ... Injured at work?

23. SIGNATURE: Franklin Smith M. D. or other

Address: Chestertown 2 Date signed: 1/8/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

00608

CERTIFICATE OF DEATH

Reg. Diat. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Dearbeigh

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Katie Elizabeth Harris

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	White	married

6.(b) Name of husband or wife: Roscie Harris

6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): April 4 1887

8. AGE:

Years	Months	Days	If less than one day
57	9	18	...hrs. ...min.

9. Birthplace: Rock Hall, Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER — 12. Name: James C. Rodney

FATHER — 13. Birthplace: Kent Co, Md

MOTHER — 14. Maiden name: Mary Melinda Joiner

MOTHER — 15. Birthplace: Kent Co, Md.

16. Informant: Roscie Harris

Address: Rock Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 25 45 (month) (day) (year)

Cemetery or crematory: Wesley chapel

Location: Rock Hall Md

18. Funeral director: Marvin V. Williams

Address: Chestertown Md

19. 1/24 19 45 (Date rec'd by registrar) S Edward Bryan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 22 1945 at 6 42 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 15 1945, to Jan 22 1945 and that I last saw h.. alive on Jan 22 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Paralysis of right side	
Due to: Hypertension	
Due to: chron Endo-Myocarditis	
Other conditions: Diabetes	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — — — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Albert A. Burgard M. D. or other

Address: Rock Hall, Md Date signed 1/22/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70)

00609

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hours and 22 minutes
Hospital, institution, or street address where death occurred:
Kent and Queen Anne's Hospital
How long in hospital or institution? 2 hours and 22 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rural - Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Melitota -
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Samuel Jefferson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 8. 1874

8. AGE: Years: 71 | Months: 6 | Days: 26 | If less than one day: hrs. min.

9. Birthplace: Fort Penn Delaware
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Furnell Jefferson
13. Birthplace: Delaware

MOTHER
14. Maiden name: Martha Parsons
15. Birthplace: Kent Co. Md

16. Informant: Mrs. Louis Parsons
Address: Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/6/45 (month) (day) (year)
Cemetery or crematory: Chester
Location: Chesterlee Maryland

18. Funeral director: Waring & Williams
Address: Chesterlee Maryland

19. Jan. 6, 1945 (Date rec'd by registrar) Clarence Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1945, at 4:52 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1945 to January 3 1945
and that I last saw him alive on January 3 1945

Immediate cause of death	DURATION
Congestive heart failure	
Broncho pneumonia, terminal	
Due to Exposure	
Urinary retention	
Due to enlarged prostate	Yrs.
Other conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frank N. Smith, M. D. or other
Address: Chestertown Date signed: Jan. 4/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of cause of death is shown on FILM No. G 9 4 APR 7 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-B

CERTIFICATE OF DEATH

00610

Reg. Dist. No. 203

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Rosalie Catherine Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	White	married

6.(b) Name of husband or wife: Elmer Jones
6.(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): Nov 17 1903

8. AGE: Years	Months	Days	If less than one day
41	1	17	hrs. min.

9. Birthplace: Rock Hall, Md (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: own home

FATHER
12. Name: Fred Williams
13. Birthplace: Germany

MOTHER
14. Maiden name: Catherine Eva Jankowski
15. Birthplace: Rock Hall, Md

16. Informant: Elmer Jones
Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 5 1945 (month) (day) (year)
Cemetery or crematory: St Johns
Location: Rock Hall Md
18. Funeral director: Marvin V. Williams
Address: Chestertown Md
19. 1/4 1945 (Date rec'd by registrar) S. Elwood Burgard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1945, at 5.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1944, to Jan 3 1945 and that I last saw her alive on Jan 2 1945

Immediate cause of death	DURATION
Carcinoma of uterus,	
Due to Bladder and rectum (irrepairable)	
Due to Primary carcinoma of internal	
Duration: 1½ years. Cause	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? — — — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: Albert A Burgard M. D. or other
Address: Rock Hall, Md Date signed 1/3/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for change of cause of death is shown on FILM No. G 9 4 APR 7 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(195-2)

00611 701

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Still Pond md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mile

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Still Pond md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Unit Washington Jones

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	widowed

6.(b) Name of husband or wife: Mary Barrold Jones

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 19 1878

8. AGE: Years 66 | Months 7 | Days 4 | If less than one day: hrs. min.

9. Birthplace: Still Pond, Md. (Town, county, and state)

10. Usual occupation: Farm work

11. Industry or business: Farm

FATHER — 12. Name: Benjamin Jones

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Margaret Ward

MOTHER — 15. Birthplace: Maryland

16. Informant: Cora Butler Wilson

Address: Still Pond, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 26/45 (month) (day) (year)

Cemetery or crematory: Mt Zion

Location: Still Pond md

18. Funeral director: B.P. Fellows

Address: Still Pond md

19. January 26 19 45 (Date rec'd by registrar) J. McCarty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 22 19 45 at 10:11 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 19 45 to Jan 22 19 45

and that I last saw him alive on Jan 22nd 19 45

Immediate cause of death	DURATION
Hemorrhage of Lungs	1 hr
Not due to tuberculosis	
Due to cancer	
Due to	
Other conditions: Infected Leg.	1 month
due to abrasions.	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: L. P. Alwell M. D. or other

Address: Still Pond Date signed 1/26/45

Evidence for change of age of deceased is shown on FILM No G92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

00612

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs.

Hospital, Institution, or street address where death occurred: 321 Cannon St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 321 Cannon St.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Laura Jane Miller

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Widowed

6.(b) Name of husband or wife (Dec'd) James Thos Miller

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 3 1878

8. AGE: Years	Months	Days	If less than one day
66 68	0	14	...hrs. ...min.

9. Birthplace: Quaker Neck (Town) Kent Co. (county) Maryland (state)

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: Wm Brown
13. Birthplace: Kent Co. Maryland.

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mr. David A. Miller (Son)
Address: 224 South Kent St. Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/20/45 (month) (day) (year)

Cemetery or crematory: Quaker Neck

Location: Ponmna Kent Co. Md.

18. Funeral director: Marvin L. Williams

Address: Chestertown, Maryland.

19. Jan. 20 1945 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17 1945 at 10:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945, to Jan 1945 and that I last saw h... alive on Jan 16 1945

Immediate cause of death	DURATION
Chronic interstitial nephritis	about 2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results: Not autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: I. B. Simmons M.D.
M. D. or other

Address: Jan 19 Chestertown Md. Date signed: 1-19-1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92nd

CERTIFICATE OF DEATH

00613

Reg. Dist. No. 203

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Susan Rebecca STevens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	White	married

6.(b) Name of husband or wife: Orilla STevens

6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): July 23 1867

8. AGE: Years	Months	Days	If less than one day
77	6	29	...hrs. ...min.

9. Birthplace: Chestertown, Kent Co, Md (Town, county, and state)

10. Usual occupation: housework

11. Industry or business: own home

FATHER

12. Name: Wm Henry Dean

13. Birthplace: Kent Co, Md

MOTHER

14. Maiden name: Marian Wood

15. Birthplace: Kent Co, Md.

16. Informant: Mrs Pearl Akers

Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 24 1945 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: Rock Hall Md

18. Funeral director: Edgar L. Lane

Address: Lehmah Hall Md

19. 1/24 (Date rec'd by registrar) 19 45 S. Elwood Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 21 19 45 at 11 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7 19 44, to Jan 21 19 45

and that I last saw h...e alive on 1-20-45 19...

Immediate cause of death	DURATION
Chron Endo-Myocarditis	
decompensation	
Due to: ascites	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — — — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall, Md Date signed 1/21/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

00614

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? four years

Hospital, Institution, or street address where death occurred:
Mt. Vernon Avenue, Chestertown Md

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME Frank Howard Taylor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of ~~husband~~ or wife: Claire Spicknall Taylor

6.(c) If alive, give age: 34+ years

7. Birth date of deceased (mo., day, yr.): July 29, 1899

8. AGE: Years	Months	Days	If less than one day
45	5	19	....hrs. ....min.

9. Birthplace: Chester, Pennsylvania
(Town, county, and state)

10. Usual occupation: Business Manager & Accountant

11. Industry or business: Dodge Automobile Agency & Auditor Ferro Inc

FATHER
12. Name: James Irvin Taylor
13. Birthplace: Chester, Pa

MOTHER
14. Maiden name: Emma Beaumont
15. Birthplace: Mt. Chester, Pa

16. Informant: Mrs. Claire Spicknall Taylor, Wife
Address: Chestertown, Md.

17. BURIAL Date thereof JAN 20 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~: MOUNT HOPE CEM.

Location: CHESTER, PENNA.

18. Funeral director: J. Willis Wells

Address: Chestertown, md.

19 Jan 18, 1945 Clara L. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17 1945, at 10 50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 1945, to Jan 17 1945 and that I last saw him alive on Jan 17 1945

Immediate cause of death	DURATION
Heart Failure	
Due to: Hypostasis	12 hrs.
Due to: Hypertensive Heart Disease	15 Years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. F. Whitsitt, M. D.
M. D. or ~~other~~

Address: CHESTERTOWN, Md. Date signed 1/17/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

C M P I T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00615

Reg. Dist. No. 2021

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 500 High St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 500 High St.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME Phillip George Thompson
3. (b) Social Security Number —

4. Sex: M
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife: —
6.(c) If alive, give age .... years
7. Birth date of deceased (mo., day, yr.): June 20 1944
8. AGE: Years — Months 6 Days 19 If less than one day ..... hrs. ..... min.
9. Birthplace: Chestertown Maryland
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Robert G. Thompson
13. Birthplace: New Jersey
MOTHER
14. Maiden name: Dorothy George
15. Birthplace: Kennedyville Maryland
16. Informant: Mr. E. Scott Thompson
Address: Chestertown, Maryland
17. Burial Date thereof: 1/9/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Chester
Location: Chestertown Maryland
18. Funeral director: Mason V. Williams
Address: Chestertown Md.
19 Jan. 9, 1945 Clara S. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1945, at 5 A M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .... 19.... to .... 19.... and that I last saw h... alive on ....
(handwritten across: Did not attend. Investigated & signed certificate as Deputy Med. Ex.)
Immediate cause of death: Broncho Pneumonia
DURATION
Due to
Due to
Other conditions: Probably Heart Disease (From History)
(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide Date of
Where did injury occur?
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Joseph Hynes M.D. Deputy Med. Examiner Kent Co. Md. — M. D. or other
Address: Chestertown Md. Date signed: Jan 9/45

Evidence for change of cause of death is shown on FILM No. G 9,4 MAY 16 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0:615

95-C

Reg. Dist. No. 3001

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Kent Memorial General Hospital

How long in hospital or institution? 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: near Kennedyville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: World War #1

3.(a) FULL NAME: George R Wiltbank

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 16 1890

8. AGE: Years 55 | Months 5 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace: Kent Co (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Carpenter

FATHER 12. Name: Orand Hyde Wiltbank

FATHER 13. Birthplace: America

MOTHER 14. Maiden name: Elizabeth Nickerson

MOTHER 15. Birthplace: Carolina Co Md

16. Informant: Mrs Orand Wiltbank

Address: Kennedyville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 18 1945 (month) (day) (year)

Cemetery or crematory: Crumpton Md

Location: Crumpton

18. Funeral director: B R Fellows

Address: Still Pond Md

19. Jan. 17 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15 1945, at 11.25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14 1945 to Jan 14 1945

and that I last saw him alive on Jan. 14 1945

Immediate cause of death	DURATION
(a) Acute Myocarditis	3 days
Due to: (b) Cardiac Asthenia	
Due to: (c) C.V.D.	
Due to: (d)	
Other conditions: Pneumonia ? Diagnosis of	11 days
Pneumonia not confirmed C.V.D.	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: Frank W Smith M. D. or other

Address: Chestertown Md Date signed: Jan 16 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15